

| POSITION                  | INITIALS  | ID NO. | DATE          |
|---------------------------|-----------|--------|---------------|
| FEE DETERMINATION         |           |        |               |
| O.I.P.E. CLASSIFIER       |           |        |               |
| FORMALITY REVIEW          |           |        |               |
| RESPONSE FORMALITY REVIEW | <i>DR</i> |        | <i>1-4-01</i> |

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

| Claim | Final | Original | Date |
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If more than 150 claims or 10 actions  
 staple additional sheet here